Fill in this information	on to identify your case	:		Check as directed in lines 17 and 21:
Debtor 1	Antonio		Gallo	According to the calculations required by this Statement:
Debtor 2 (Spouse, if filing)	First Name First Name	Middle Name Middle Name	Last Name Last Name	under 11 U.S.C. § 1325(b)(3). ✓ 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
United States Ban	kruptcy Court for the:	Eastern District of Pennsylvania		
Case number 23-12306		<u> </u>		☐ 3. The commitment period is 3 years. ☐ 4. The commitment period is 5 years.
				Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

unu						
Ра	t 1: Calculate Your Average Monthly Income					
1.	What is your marital and filing status? Check one only. Not married. Fill out Column A, lines 2-11. Married. Fill out both Columns A and B, lines 2-11.					
va ex	Il in the average monthly income that you received from a 01(10A). For example, if you are filing on September 15, the pried during the 6 months, add the income for all 6 months a cample, if both spouses own the same rental property, put the point the space.	6-month period and divide the total	would be Marc al by 6. Fill in th	h 1 thro he resu	ough August 31. If th	e amount of your monthly income y income amount more than once. For
					Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2.	Your gross wages, salary, tips, bonuses, overtime, and c payroll deductions).		\$10,025.05	\$1,120.83		
3.	Alimony and maintenance payments. Do not include payer	ments from a spo	ouse.		\$0.00	\$0.00
4.	All amounts from any source which are regularly paid fo your dependents, including child support. Include regula unmarried partner, members of your household, your deper roommates. Do not include payments from a spouse. Do not line 3.	r contributions fro endents, parents,	om an and	or	\$0.00	\$0.00
5.	Net income from operating a business, profession, or farm	Debtor 1	Debtor 2			
	Gross receipts (before all deductions)	\$0.00	\$0.00			
	Ordinary and necessary operating expenses	\$0.00	\$0.00			
	Net monthly income from a business, profession, or farm	\$0.00	\$0.00	Copy here →	\$0.00	\$0.00
6.	Net income from rental and other real property	Debtor 1	Debtor 2			
	Gross receipts (before all deductions)	\$0.00	\$0.00			
	Ordinary and necessary operating expenses	\$0.00	\$0.00			
	Net monthly income from rental or other real property	\$0.00	\$0.00	Copy here →	\$0.00	\$0.00

Case 23-12306-pmm Doc 17 Filed 09/05/23 Entered 09/05/23 01:11:13 Desc Main Antonio Page 2 of 11 Case number (if known) 23-12306 Debtor 1 <u>Antonio</u>

i iist ivairie iviidule ivairie Last ivairie				
		Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
7. Interest, dividends, and royalties		\$0.0	\$0.00)
8. Unemployment compensation		\$0.0	\$0.00	-)
Do not enter the amount if you contend that the amount received was	a benefit under			-
the Social Security Act. Instead, list it here:	↓			
For you	\$0.00			
For your spouse	\$0.00			
9. Pension or retirement income. Do not include any amount received the under the Social Security Act. Also, except as stated in the next senter include any compensation, pension, pay, annuity, or allowance paid by States Government in connection with a disability, combat-related injur death of a member of the uniformed services. If you received any retire under chapter 61 of title 10, then include that pay only to the extent the exceed the amount of retired pay to which you would otherwise be entiunder any provision of title 10 other than chapter 61 of that title.	nce, do not the United ry or disability, or ed pay paid at it does not	\$0. 0	90.00) -
10. Income from all other sources not listed above. Specify the source a not include any benefits received under the Social Security Act; payma victim of a war crime, a crime against humanity, or international or deterrorism; or compensation, pension, pay, annuity, or allowance paid be States Government in connection with a disability, combat-related injudeath of a member of the uniformed services. If necessary, list other separate page and put the total below.	nents received as domestic by the United ary or disability, or			
Tax Refund		\$0.0	90.00)
				-
Total and out from a consistence of a con-				-
Total amounts from separate pages, if any.		+	+	_
 Calculate your total average monthly income. Add lines 2 through 10 column. Then add the total for Column A to the total for Column B. 	0 for each	\$10,025.0	<u>\$1,120.83</u>	= \$11,145.88 Total average
				monthly income
Part 2: Determine How to Measure Your Deductions from In	come			
12. Copy your total average monthly income from line 11				\$11,145.88
13. Calculate the marital adjustment. Check one:				
You are not married. Fill in 0 below				
You are married and your spouse is filing with you. Fill in 0 below.				
✓ You are married and your spouse is not filing with you.				
Fill in the amount of the income listed in line 11, Column B, that was your dependents, such as payment of the spouse's tax liability or the dependents.				
Below, specify the basis for excluding this income and the amount of additional adjustments on a separate page.	f income devoted to	each purpose. If ne	cessary, list	
If this adjustment does not apply, enter 0 below.				
		#0.00		
Total		\$0.00 C	opy here. $ ightarrow$	\$0.00
14. Your current monthly income. Subtract the total in line 13 from line 1	2.			\$11,145.88

Debtor 1	Antonio	- р	Deciment	Page 3 of	f 11	Case number (if know	vn) 23-12306
	First Name	Middle Name	Last Name		=		
	•	thly income for the ye					
							\$11,145.8
Mu	Iltiply line 15a by 12	(the number of months	s in a year).				x 12
15b. Th	ne result is your curre	ent monthly income for	the year for this par	rt of the form			\$133,750.56
16. Calculat	te the median family	income that applies t	o you. Follow these	steps:			
16a. Fi	ll in the state in which	h you live.		Pennsylvania			
16b. Fi	II in the number of pe	eople in your household	d.	1			
16c. Fil	II in the median famil	y income for your state	e and size of househ	nold			\$66,454.0
		ole median income amo n. This list may also be				parate	
17. How do	the lines compare?						
17a. 「	Line 15b is less the U.S.C. § 1325(b)	han or equal to line 160	c. On the top of pag	e 1 of this form, che	eck box 1, ble Incom	, <i>Disposable income is no</i> ne (Official Form 122C–2).	ot determined under 11
17b.	1325(b)(3). Go to	than line 16c. On the to Part 3 and fill out Cal	culation of Your Dis	form, check box 2, sposable Income (0	Disposab Official Fo	ole income is determined orm 122C-2). On line 39 o	under 11 U.S.C. § of that form, copy your
Part 3: Ca	•	nmitment Period U		1325(b)(4)			
18 Copy vo	our total average mo	nthly income from line	o 11				
							<u>\$11,145.8</u>
calculati		ent if it applies. If you a period under 11 U.S.C.				nd you contend that pouse's income, copy the	
19a. If the	e marital adjustment	does not apply, fill in 0	on line 19a				····· - \$0.0
19b. Sub	tract line 19a from li	ne 18.					\$11,145.88
20. Calculat	te your current mon	thly income for the ye	ar. Follow these step	ps.			
	-						\$11,145.8
		er of months in a year).					x 12
Widit	ply by 12 (the name)	or or months in a year).					
20b. The r	esult is your current	monthly income for the	e year for this part of	f the form.			\$133,750.56
20c. Copy	the median family in	come for your state ar	nd size of household	I from line 16c			\$66,454.00
21. How do	the lines compare?						
		Oc. Unless otherwise of 3 years. Go to Part 4.	ordered by the court	, on the top of page	1 of this	form, check box 3,	
		qual to line 20c. Unless ment period is 5 years.		by the court, on the	e top of pa	age 1 of this form,	
Part 4: Sig	n Below						
By signin	g here, under penalt	v of periury I declare th	nat the information o	on this statement an	ıd in anv a	attachments is true and c	orrect.
Dy oiginii	g nore, under periali	y or perjury i decide if	iat the imorniation o	in this statement an	ia iii aiiy c		on cot.
• -	s/ Antonio Gallo						
Si	ignature of Debtor 1						
D	ate 09/01/2023						
	IVIIVI/ IJIJ/ YYYY						

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Case 23-12306-pmm Doc 17 Filed 09/05/23 Entered 09/05/23 01:11:13 Desc Main Fill in this information to identify your case: Debtor 1 Antonio Gallo First Name Middle Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: **Eastern District of Pennsylvania** Check if this is an Case number 23-12306 amended filing (if known) Official Form 122C-2 Chapter 13 Calculation of Your Disposable Income 04/22 To fill out this form, you will need your completed copy of Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period (Official Form 122C-1). Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). Part 1 Calculate Your Deductions from Your Income The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office. Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C-1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122C-1. If your expenses differ from month to month, enter the average expense. Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases. 5. The number of people used in determining your deductions from income Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household. **National Standards** You must use the IRS National Standards to answer the questions in lines 6-7. Food, clothing, and other items: Using the number of people you entered in line 5 and the IRS National \$841.00 Standards, fill in the dollar amount for food, clothing, and other items. 7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the

dollar amount for out-of-pocket health care. The number of people is split into two categories—people who are under 65 and people who are 65 or older—because older people have a higher IRS allowance for health care costs. If your actual expenses are higher

than this IRS amount, you may deduct the additional amount on line 22.

	Ouse Zo IZooo piiii	DOG I	1 1100 00/00		00,20 01.11.10	JUJU IVIUITI
Debtor 1	Antonio		D@GMment	Page 5 of 11	Case number (if known)	23-12306
	First Name Mi	iddle Name	Last Name			

	. not raine	2001.101110							
	People who are under 65 years of age								
	7a. Out-of-pocket health care allowance pe	r person	\$79.00						
	7b. Number of people who are under 65		<u> </u>						
	7c. Subtotal. Multiply line 7a by line 7b.	_	\$79.00		opy ere →	\$79	9.00		
	People who are 65 years of age or older								
	7d. Out-of-pocket health care allowance pe	r person	\$154.00						
	7e. Number of people who are 65 or older		(0						
	7f. Subtotal. Multiply line 7d by line 7e.	_	\$0.00		opy ere →	+	\$0.00		
7g.	Total. Add lines 7c and 7f					\$7	79.00 Copy h	iere →	\$79.00
Loca									
Star	ndards You must use the IRS Local Stand	ards to answer the que	estions in lines (8-15.					
	on information from the IRS, the U.S. Trust	ee Program has divid	ed the IRS Loca	al Standard fo	or housi	ng for			
	using and utilities – Insurance and operatinusing and utilities – Mortgage or rent exper								
	swer the questions in lines 8-9, use the U.S.		ert To find the c	hart go onlin	e usina	the link			
	ied in the separate instructions for this forn								
	lousing and utilities – Insurance and operatine dollar amount listed for your county for ins			eople you ent	ered in I	ine 5, fill in	ı		\$567.00
	lousing and utilities – Mortgage or rent exp				_				
	9a. Using the number of people you entered listed for your county for mortgage or ren		ar amount			31,232.00			
	Total average monthly payment for all monthly your home.	ortgages and other deb	ots secured by						
	To calculate the total average monthly pa contractually due to each secured credite bankruptcy. Next divide by 60.								
	Name of the creditor	Averaç payme	ge monthly ent						
	Mortgage [84 Willow]		\$0.00						
							5		
	9b. Total average monthly paym	ent	\$0.00	Copy here →		\$0.00	Repeat this ar on line 33a.	nount	
9	c. Net mortgage or rent expense. Subtract line 9b (total average monthly paths number is less than \$0, enter \$0.	yment) from line 9a (n	nortgage or rent	expense). If		\$1,232.00	Copy here	→	\$1,232.00
	you claim that the U.S. Trustee Program's				ncorrect	and affect	ts		\$0.00
tl	he calculation of your monthly expenses, fi Explain	ıı ın any additional am	ount you claim	.					
	why:								

	Case IS III Print	200 =:	,	00,000	– 000 mom.
Debtor 1	Antonio	Decument	Page 6 of 11	Case number (if know	n) 23-12306

Last Name

First Name

Middle Name

1.			ortation expenses: Check	k the number	of vehicles for which you	u claim an ov	vnership or opera	iting expense.	
	_	al transpo 0. Go to li	•						
	_	0. Go to li							
	_		Go to line 12.						
2				IDC Local Ct	andarda and the number	r of vobiolog f	ar which you alsi	m the energting	\$506.00
			ttion expense: Using the in the Operating Costs th					m the operating	\$596.00
	vehi	cle below.	rship or lease expense: You may not claim the e expense for more than tw	expense if you			•	•	
	Ve	ehicle 1	Describe Vehicle 1:	2016 Chevro	olet Silverado				
	13a.	Ownersh	ip or leasing costs using	IRS Local St	andard		\$629.00)	
	13b.	Average	monthly payment for all of	debts secured	d by Vehicle 1.			_	
		Do not in	clude costs for leased ve	hicles.					
		To calculate the average monthly payment her amounts that are contractually due to each second months after you file for bankruptcy. Then divide			cured creditor in the 60	II			
		Name of each creditor for Vehicle 1		:1	Average monthly payment				
		Member's	s 1st Financial FCU		\$0.00				
					<u>-</u>				
					+	٦٠			
			Total average mont	hly payment	\$0.00	Copy here →	- \$0.00	Repeat this amount on line 33b.	
	13c.	Net Vehic	Total average mont		\$0.00			on line 33b.	
	13c.		· ·	expense		here →	- \$0.00 \$629.00	on line 33b.	\$629.00
	13c.		cle 1 ownership or lease	expense		here →		on line 33b. Copy net Vehicle 1	\$629.00
		Subtract	cle 1 ownership or lease	expense		here →		on line 33b. Copy net Vehicle 1	\$629.00
		Subtract	cle 1 ownership or lease line 13b from line 13a. If	expense		here →		on line 33b. Copy net Vehicle 1	\$629.00
	V e	Subtract ehicle 2 Ownersh	cle 1 ownership or lease line 13b from line 13a. If Describe Vehicle 2: — iip or leasing costs using	expense this number	is less than \$0, enter \$0.	here →		on line 33b. Copy net Vehicle 1	\$629.00
	V e	Subtract chicle 2 Ownersh Average	cle 1 ownership or lease line 13b from line 13a. If Describe Vehicle 2: ip or leasing costs using monthly payment for all of	expense this number	is less than \$0, enter \$0.	here →		on line 33b. Copy net Vehicle 1	\$629.00
	Ve 13d. 13e.	Subtract chicle 2 Ownersh Average Do not in	cle 1 ownership or lease line 13b from line 13a. If Describe Vehicle 2: ip or leasing costs using monthly payment for all collude costs for leased vehicle 2:	expense this number in the second state of the secure central state of the secure cent	is less than \$0, enter \$0. andardd by Vehicle 2.	here →		on line 33b. Copy net Vehicle 1	\$629.00
	Ve 13d. 13e.	Subtract chicle 2 Ownersh Average Do not in	cle 1 ownership or lease line 13b from line 13a. If Describe Vehicle 2: ip or leasing costs using monthly payment for all of	expense this number in the second state of the secure central state of the secure cent	andardd by Vehicle 2.	here →		on line 33b. Copy net Vehicle 1	\$629.00
	Ve 13d. 13e.	Subtract chicle 2 Ownersh Average Do not in	cle 1 ownership or lease line 13b from line 13a. If Describe Vehicle 2: ip or leasing costs using monthly payment for all collude costs for leased vehicle 2:	expense this number in the second state of the secure central state of the secure cent	is less than \$0, enter \$0. andardd by Vehicle 2.	here →		on line 33b. Copy net Vehicle 1	\$629.00
	Ve 13d. 13e.	Subtract chicle 2 Ownersh Average Do not in	cle 1 ownership or lease line 13b from line 13a. If Describe Vehicle 2: ip or leasing costs using monthly payment for all collude costs for leased vehicle 2:	expense this number in the second state of the secure central state of the secure cent	andardd by Vehicle 2.	here →		on line 33b. Copy net Vehicle 1	\$629.00
	Ve 13d. 13e.	Subtract chicle 2 Ownersh Average Do not in	cle 1 ownership or lease line 13b from line 13a. If Describe Vehicle 2: ip or leasing costs using monthly payment for all collude costs for leased vehicle 2:	expense this number in the second state of the secure central state of the secure cent	andardd by Vehicle 2.	here →		on line 33b. Copy net Vehicle 1	\$629.00
	Ve 13d. 13e.	Subtract chicle 2 Ownersh Average Do not in	cle 1 ownership or lease line 13b from line 13a. If Describe Vehicle 2: iip or leasing costs using monthly payment for all of actude costs for leased veleach creditor for Vehicle	expense this number in the second state of the secure central state of the secure central state of the secure central state of the secure of t	andardd by Vehicle 2.	here →		on line 33b. Copy net Vehicle 1 expense here →	\$629.00
	V €	Subtract chicle 2 Ownersh Average Do not in Name of o	cle 1 ownership or lease line 13b from line 13a. If Describe Vehicle 2: ip or leasing costs using monthly payment for all or clude costs for leased vereach creditor for Vehicle Total average mont	expense this number in the number in this number in	andardd by Vehicle 2.	here →		on line 33b. Copy net Vehicle 1 expense here →	\$629.00
	V €	Subtract chicle 2 Ownersh Average Do not in Name of o	cle 1 ownership or lease line 13b from line 13a. If Describe Vehicle 2: ip or leasing costs using monthly payment for all or clude costs for leased veleach creditor for Vehicle Total average monticle 2 ownership or lease	expense this number in the number in this number in the number in this number in the number in this number in this number in this number in the number in this number in the number in this number in the numb	andardd by Vehicle 2. Average monthly payment	here → Copy here →		Repeat this amount on line 33c. Copy net Vehicle 1 expense here →	\$629.00
	V €	Subtract chicle 2 Ownersh Average Do not in Name of o	cle 1 ownership or lease line 13b from line 13a. If Describe Vehicle 2: ip or leasing costs using monthly payment for all or clude costs for leased vereach creditor for Vehicle Total average mont	expense this number in the number in this number in the number in this number in the number in this number in this number in this number in the number in this number in the number in this number in the numb	andardd by Vehicle 2. Average monthly payment	here → Copy here →		Copy net Vehicle 1 expense here → Repeat this amount on line 33c.	\$629.00
	V € 13d. 13e. 13f.	Subtract chicle 2 Ownersh Average Do not in Name of o	cle 1 ownership or lease line 13b from line 13a. If Describe Vehicle 2: iip or leasing costs using monthly payment for all occlude costs for leased veleach creditor for Vehicle Total average mont cle 2 ownership or lease line 13e from 13d. If this ortation expense: If you	expense this number is less than the secure of the secure	andardd by Vehicle 2. Average monthly payment + ss than \$0, enter \$0	here → Copy here →	\$629.00	Repeat this amount on line 33c. Copy net Vehicle 1 expense here → Repeat this amount on line 33c. Copy net Vehicle 2 expense here →	\$629.00
	V € 13d. 13e. 13f.	Subtract chicle 2 Ownersh Average Do not in Name of o	cle 1 ownership or lease line 13b from line 13a. If Describe Vehicle 2: ip or leasing costs using monthly payment for all occlude costs for leased veleach creditor for Vehicle Total average mont cle 2 ownership or lease line 13e from 13d. If this	expense this number is less than the secure of the secure	andardd by Vehicle 2. Average monthly payment + ss than \$0, enter \$0	here → Copy here →	\$629.00	Repeat this amount on line 33c. Copy net Vehicle 1 expense here → Repeat this amount on line 33c. Copy net Vehicle 2 expense here →	\$629.00
-	Ve 13d. 13e. 13f.	Subtract Chicle 2 Ownersh Average Do not in Name of of Net Vehic Subtract lic transportation itional put	cle 1 ownership or lease line 13b from line 13a. If Describe Vehicle 2: iip or leasing costs using monthly payment for all occlude costs for leased veleach creditor for Vehicle Total average mont cle 2 ownership or lease line 13e from 13d. If this ortation expense: If you	expense this number is IRS Local St debts secured chicles. 22 thly payment expense number is les claimed 0 vegardless of venses if you cl	andardd by Vehicle 2. Average monthly payment the initial series of the series	here → Copy here → the IRS Loca transportatio s in line 11 ar	\$629.00	Repeat this amount on line 33c. Copy net Vehicle 1 expense here → Repeat this amount on line 33c. Copy net Vehicle 2 expense here → In the Public	

Case number (if known) 23-12306

Debtor 1 Antonio Decliment Page 7 of 11

First Name Middle Name Last Name

Other Necessary In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories. **Expenses** 16. Taxes: The total monthly amount that you actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, \$2,490.63 social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. Do not include real estate, sales, or use taxes. 17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and \$0.00 uniform costs. Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. 18. Life insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, \$0.00 include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as \$0.00 spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. Education: The total monthly amount that you pay for education that is either required: \$0.00 as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. \$0.00 Do not include payments for any elementary or secondary school education. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the \$0.00 health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephones and telephone services: The total monthly amount that you pay for telecommunication services for you and your \$0.00 dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet or cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Form 122C-1, or any amount you previously deducted. 24. Add all of the expenses allowed under the IRS expense allowances. \$6,434.63 Add lines 6 through 23. Additional Expense These are additional deductions allowed by the Means Test. **Deductions** Note: Do not include any expense allowances listed in lines 6-24. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance \$279.32 Disability insurance \$0.00 Health savings account \$0.00 \$279.32 Copy total here → \$279.32 Do you actually spend this total amount? ■ No. How much do you actually spend? **√** Yes 26. Continuing contributions to the care of household or family members. \$0.00 The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b). Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your \$0.00 family under the Family Violence Prevention and Services Act or other federal laws that apply. By law, the court must keep the nature of these expenses confidential.

	Cacc LC LLCCC p				O, _ O O O	2 000 man.
Debtor 1	Antonio		D@GN/ment	Page 8 of 11	Case number (if known)	23-12306
	First Name Mid	ldle Name	Last Name			

28.	Additional home energy costs. Your home energy costs are included in your insurance and operating expenses on line 8. If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is								
	You must give your case trustee docume reasonable and necessary.	ntation of your actual expenses, and you	ı must show that the a	additional amount o	claimed is				
29.	Education expenses for dependent children that you pay for your dependent children school.					\$0.00			
	You must give your case trustee docume reasonable and necessary and not alread		ı must explain why the	e amount claimed i	S				
	* Subject to adjustment on 4/01/25, and e	every 3 years after that for cases begun	on or after the date of	adjustment.					
30.	Additional food and clothing expense. To combined food and clothing allowances in allowances in the IRS National Standards	n the IRS National Standards. That amou				\$0.00			
	To find a chart showing the maximum add This chart may also be available at the ba	inkruptcy clerk's office.	nk specified in the sep	parate instructions f	or this form.				
	You must show that the additional amour	It claimed is reasonable and necessary.							
31.	 Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial instruments to a + religious or charitable organization. 11 U.S.C. § 548(d)3 and (4). Do not include any amount more than 15% of your gross monthly income. 								
	Do not include any amount more than 15	% or your gross monthly income.							
32.	Add all of the additional expense deduce Add lines 25 through 31.	tions.				\$279.32			
Ded	uctions for Debt Payment								
33.	For debts that are secured by an interest other secured debt, fill in lines 33a through		ome mortgages, veh	icle loans, and					
	To calculate the total average monthly pa the 60 months after you file for bankrupto		tually due to each sed	cured creditor in					
				erage monthly yment					
	Mortgages on your home								
	33a. Copy line 9b here		→	\$0.00					
	Loans on your first two vehicles								
	33b. Copy line 13b here		→	\$0.00					
	33c. Copy line 13e here			\$0.00					
	33d. List other secured debts:								
	Name of each creditor for other secured debt	Identify property that secures the debt	Does payment include taxes or insurance?						
	Mortgage [1520 Mineral Street]	1520 Mineral Street Reading, PA 19602	✓ No ☐ Yes						
		_	- ☐ No ☐ Yes						
			- ☐ No ☐ Yes	+					
	33e. Total average monthly payment. Ac	dd lines 33a through 33d		\$0.00	Copy total here→	\$0.00			

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Debtor 1

Last Name

Middle Name

First Name

34.	Are any debts that you listed in line support or the support of your dep		residence, a vehicl	e, or other pro	operty necessary fo	r your	
	Yes. State any amount that you r possession of your property (call	must pay to a creditor, in addition	on to the payments	listed in line 3	3, to keep		
	Name of the creditor	Identify property that secures the debt	Total cure amount	the information	Monthly cure amount		
				÷ 60 =			
				÷ 60 =			
				÷ 60 =	+	_	
				Total	\$0.00	Copy total here →	\$0.00
35.	Do you owe any priority claims—s bankruptcy case? 11 U.S.C. § 507.	such as a priority tax, child su	pport, or alimony-	-that are past	t due as of the filing		
	☑ No. Go to line 36.						
	Yes. Fill in the total amount of all those you listed in line 19.	of these priority claims. Do not	include current or	ongoing priorit	ty claims, such as		
	Total amount of all past-due	e priority claims				÷ 60	
36.	Projected monthly Chapter 13 plan	n payment			\$0.00		
	Current multiplier for your district United States Courts (for districts United States Trustees (for all ot	s in Alabama and North Carolin					
	To find a list of district multipliers the separate instructions for this office.				X 9.00%		
					\$0.00	Copy total	
	Average monthly administrative e	expense				here →	\$0.00
37.	Add all of the deductions for debt p	payment. Add lines 33e through	h 36.				\$0.00
Total	Deductions from Income						
38.	Add all of the allowed deductions.						
	Copy line 24, All of the expenses all	lowed under IRS expense allow	vances		\$6,434.63		
	Copy line 32, All of the additional ex	pense deductions			\$279.32		
	Copy line 37, All of the deductions for	or debt payment			+ \$0.00	Сору	
	Total deductions					total here →	\$6,713.95

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Debtor 1	Antonio		Dogument	Page 10 of 11	Case number (if known) _2
	First Name	Middle Name	Last Name			

Par	t 2: Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2)	
39.	Copy your total current monthly income from line 14 of Form 122C-1, Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period.	\$11,145.88
40.	Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child.	
41.	Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19).	
42.	Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here → \$6,713.95	
43.	Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses.	
	Describe the special circumstances Amount of expense	
	.	
	Total \$0.00 Copy here → + \$0.00	
44.	Total adjustments. Add lines 40 through 43 \$6,713.95 Copy here →	- \$6,713.95
45.	Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39.	\$4,431.93
Part 3: Change in Income or Expenses		
46. Change in income or expenses. If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase.		
F	Form Line Reason for change Date of change Increase or decrease?	of change
	122C-1 Increase	
	122C-2 — ☐ Decrease 122C-1 ☐ Increase	
	122C-2 — Decrease	_

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Debtor 1 Antonio

First Name Middle Name

First Name Middle Name Last Name

Part 4: Sign Below

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

X /s/ Antonio Gallo

Signature of Debtor 1

Date 09/01/2023 MM/ DD/ YYYY